

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE IC-

SL-30147

-63-003669

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 522 STATE FILE NUMBER

FILED JAN 22 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUISLength of stay in 1b  
10 DAYS

c. CITY OR TOWN ST LOUIS

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VET ADM HOSPITALInside Limits  
Yes ☒ No ☐d. STREET (If outside, give location)  
1300 FAIRFAX AVE.Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
JAMESMiddle  
A.Last  
JOHNSON

4. DATE OF DEATH

Month  
JANUARYDay  
13Year  
19635. SEX  
MALE6. COLOR OR RACE  
NEGRO7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7/30/899. AGE (last birthday)  
73IF UNDER 1 YEAR  
Months 5 Days 13IF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
JANITOR

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
ST. LOUIS, MISSOURI12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

JERRY JOHNSON

13b. MOTHER'S MAIDEN NAME

NETTIE HALL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW I

16. SOCIAL SECURITY NO.

17. INFORMANT  
JASPER JOHNSONAddress  
3721 COOK AVE.  
ST. LOUIS, MO18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA, ACUTE PULMONARY EDEMA

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c) CONGESTIVE FAILURE

420.0

INTERVAL BETWEEN  
ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1-3-63

to 1-13-63

and last saw him alive on 1-13-63

Death occurred at 7:10 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M.D. VAH, ST. LOUIS, MO.

22c. DATE SIGNED

1-16-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/18/63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Charles J. Gates, Jr., 4107 Finney

25. DATE REC'D. BY LOCAL REG.

JAN 17 1963

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

83-0

83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Raymond Dickson, Student Embalmer No. 665

working under my personal supervision

Student

Raymond Dickson  
Signature of Student Embalmer

Signed

Gupton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.